

Date: _____

To,
The Manager
[Insurance Company Name]
[Branch Address]

Subject: Request for Modification of Address in Motor Insurance Policy

Dear Sir/Madam,

I, [Policyholder's Name], am the insured under motor insurance policy number [Policy Number] for my vehicle bearing registration number [Vehicle Registration Number].

I request you to kindly update my address in your records as follows:

Old Address:

[Old Address Line 1]
[Old Address Line 2]
[City, State, ZIP]

New Address:

[New Address Line 1]
[New Address Line 2]
[City, State, ZIP]

Kindly make the necessary changes in your records and confirm the modification. I am enclosing valid address proof for your reference.

Thank you for your assistance.

Sincerely,

[Policyholder's Name]
[Contact Number]
[Email Address]